Decided improvement has also occurred in the cardiac condition since the operation, presumably scarcely to be accounted for as a direct result of the change in the aneurism. The area of cardiac dulness is considerably less; the double aortic murmur is much diminished in intensity —the systolic bruit is now scarcely appreciable, and the diastolic not marked. The radial pulses are equal. The sphygmograms exhibit markedly the evidences of sustained high blood-pressure constantly present, the result of inadequate kidneys. The accompanying tracings well illustrate this.

Aneurismal character and evidences of the aortic valve lesion are now absent from the pulse.

June 23, 1896. Almost three years have now elapsed since the date of the operation (July 27, 1893). The patient, followed to the present, is in his usual health. Two quite small, soft areas are now apparent in the otherwise firm aneurismal sac, not present a few months previously. That he has lived so long, despite the ill-result of the extensive cardiac and renal disease, and his vagrant habits, on his general condition, with an aneurism of such dimensions is surprising. Such a result in what was so hopeless a case is most gratifying and suggestive.

COMPOUND DEPRESSED FRACTURE OF THE SKULL; ABSENCE OF UNCONSCIOUSNESS; PARALYSIS OF ONE-HALF THE BODY; OPERATION; RECOVERY.

By Charles L. Scudder, M.D.,
ASSISTANT IN CLINICAL AND OPERATIVE SURGERY, HARVARD UNIVERSITY; SURGEON TO OUT-PATIENTS AT THE MASSACHUSETTS GENERAL HOSPITAL, BOSTON, MASSACHUSETTS.

This case illustrates that consciousness may be unimpaired following an injury to the head severe enough to cause paralysis.

A boy, nine years old, was struck in the head by a brick falling from a height. He was seen immediately after the injury at the hospital and found to be conscious. He answered questions naturally. There was a large scalp-wound over the parietal bone and a little anterior to the parietal eminence to the right of the median line. The bone beneath the scalp-wound was fractured and depressed into the brain-substance. The left arm and the left leg were completely paralyzed to motion. The right pupil was dilated; sensation was present. The right upper eyelid drooped. There was a scar in the right cornea. Immediately after the injury the temperature was 96° F., the pulse was 74, the respiration was 26. When examined one hour after the accident the pulse had fallen to 68, he had vomited once, and had been somewhat nauseated.

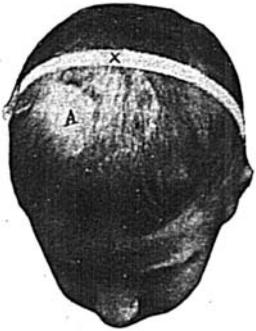
The operation of elevation of the depressed fragments of bone was done under ether. The fragments of bone removed were about the size of a silver half-dollar. There was no fissure in the skull. The dura mater was torn and the brain slightly lacerated. Upon elevating and removing the depressed bone hemorrhage occurred from the vessels of the dura mater. The depressed bone was not replaced. The dura was left open and the cavity was drained by a wick of gauze, which was removed upon the third day.

A few hours after the operation the boy was perfectly conscious as before the etherization, the pupils were normal, and motion had returned in the paralyzed limbs.

Three weeks after the operation a small, granuating wound remained and there was a slight tendency to hernia cerebri.

Four months following the accident the boy's condition is as follows: The wound is nearly healed and continues to discharge at times. He walks naturally. There is no paralysis of arm or of leg. No mental symptom is present.

The interesting and unusual fact in this case is that after a blow sufficiently severe to cause a depressed fracture of the skull and paralysis of one-half of the body the patient remained conscious.



Compound depressed fracture of the skull.
X. The mid-point between glabella and inion. A. Middle of depressed bone.

The exact location of the injury to the head and brain is shown in the accompanying photograph.

NOTE.—For a study of the interval of consciousness after head-injuries, see THE AMERICAN JOURNAL OF THE MEDICAL SCIENCES, April, 1895.